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AFFIDAVIT OF EXCLUSION FROM HAZARDOUS WASTE PERMITTING REQUIREMENT

Registration No. 32523
Application No. 10703 TXD.980624118
(Dept. Use Only)
Facility Name ROSS INDUSTRIES, INC.
County of GALVESTON Gen
TRAN
TSO(i)

GREG ROSS being duly sworn, deposes and says:
I am VICE PRESIDENT of ROSS INDUSTRIES, INC.
Title (Owner or Principal Officer) Facility Owner
PO Box 3130, TEXAS CITY, TX 77592-3130
and Address

This affidavit is being executed for the purpose of notifying the Executive Director of the Texas Department of Water Resources that the named facility does not require a hazardous waste permit because:

Check appropriate box(es):

- ☐ No hazardous waste is stored, processed or disposed on-site
- ☒ The facility qualifies for the "Accumulation Time" storage exclusion of Texas Administrative Code, Section 335.69
- ☐ The facility qualifies for the "Small Quantity Generator" exclusion of Texas Administrative Code, Section 335.2(e)
- ☐ The facility qualifies for the "Elementary Neutralization Unit" exclusion of Texas Administrative Code, Section 335.2(f)
- ☐ The facility qualifies for the "Wastewater Treatment Unit" exclusion of Texas Administrative Code, Section 335.2(f)
- ☒ Other (Explain with an attachment and reference TDWR rule)
BENEFICIAL RECYCLING

Greg Ross
Signature

Sworn to before me this
30 day of JULY, 1984.

Gail Sherry
Notary Public in and for
the State of Texas
xCountyx

My commission expires 5-16-85

ENVIRONMENTAL PROTECTION AGENCY
HAZARDOUS WASTE DATA MANAGEMENT SYSTEM
FACILITY MAINTENANCE FORM

in 6/7/82

Entered 6/8/82

[illegible]

CARD FE COLUMN 55 DRAWING P/EXCATOR

CART 79 COLUMBIA SO MAP 8 AUGUST 1958

END F2 COLUMN 88 FORA MODIFY CONSTRUCT

DANO F2 DOUBLY TO FENA NON REGULATED



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION VI
1201 ELM STREET
DALLAS, TEXAS 75270

Reply to 6 AEP

Jack Ploss, President
P.O. Box 3130
Texas City, Texas 77590

Your organization's EPA identification number has been changed. Please indicate the new number on future responses which require that your I.D. number appear.

YOUR NEW NUMBER IS TXD 98 062 4118

The old number which has been replaced, and is no longer valid for the address listed above was TXT 00 060 9362. Please do not use for this installation.

Ploss Industries Inc.
15132 Linda Lane
Arcadia, Texas

Should you have a question concerning this change, please phone me at (214) 767-2765.

Sincerely,

Dwight Corley
Dwight Corley
CSC - RCRA

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

PLEASE PLACE LABEL IN THIS SPACE

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NO. **TX 1000609360**

APPROVED **800806**

DATE RECEIVED (yr., mo., & day)

000028

I. NAME OF INSTALLATION

PLOSS INDUSTRIES INC

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

PO BOX 3130

CITY OR TOWN

TEXAS CITY

ST. ZIP CODE

TX 77590

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

515132 LINDA LANE

CITY OR TOWN

ARCADIA

ST. ZIP CODE

TX 77517

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PLOSS JACK PRESIDENT

PHONE NO. (area code & no.)

713 945 3591

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

PLOSS INDUSTRIES INC

B. TYPE OF CONTAINER

F - FEDERAL
M - NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ A. GENERATION

☐ B. TRANSPORTATION (complete item VII)

☐ C. TREAT/STORE/DISPOSE

☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR

☐ B. RAIL

☒ C. HIGHWAY

☐ D. WATER

☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION

☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

- 61980

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

CONTINUE ON REVERSE



III LOCATION OF INSTALLATION

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (*Section 3010 of the Resource Conservation and Recovery Act*).

COMMENTS

[illegible]

INSTALLATION'S EPA I.D. NUMBER						APPROVED			DATE RECEIVED (yr., mo., & day)					
S						I/A	C							
F	T	X	D	9	806241182	I					8	00	8	06
E	2					14	15	16	17	23				

000028

PLOSS INDUSTRIES INC

STREET OR P.O. BOX

[illegible]

CITY OR TOWN

ST.

ZIP CODE[illegible]

STREET OR ROUTE NUMBER

[illegible]

CITY OR TOWN

ST.

ZIP CODE

[illegible]

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)[illegible]

A. NAME OF INSTALLATION'S LEGAL OWNER

[illegible]

B. TYPE OF OWNERSHIP
(enter the appropriate letter into box)

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

F = FEDERAL
M = NON-FEDERAL

M

☒ A. GENERATION

B TRANSPORTATION (complete item VII)

☒ C. TREAT/STORE/DISPOSE

☐ **D. UNDERGROUND INJECTION**

VII. MODE OF TRANSPORTATION (transporters only – enter "X" in the appropriate box(es))

A. AIR

B. RAIL

☒ C. HIGHWAY

☐ D. WATER

☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION

☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

I.D. - FOR OFFICIAL USE ONLY

W	T	X	T	0	0	6	0	9	3	6	2	2	1
1	2	3	4	5	6	7	8	9	10	11	12	13	14

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE
(D001)

☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

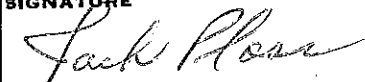
☐ 4. TOXIC
(D000)
X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME & OFFICIAL TITLE (type or print)

DATE SIGNED



JACK PLOSS President

8/4/80

Part A, Permit Process --- Internal Checklist

ID Number TXD00609362 Inst Name Ploss Industries Inc.

TXD-98-062-4118

PHASE ONE

Refer to Form No:	Interim Regulatory Requirements	Indicate by your initials:		Valid Pmtlg Date?
		Yes	No	
1	T/S/D Facility? (If No, return to respondent.)	<u>MM</u>		
3	Form 1 received?	<u>MM</u>		
1	Form 3 received?	<u>MM</u>		
1 & 3	Postmarked on or before November 19, 1980?	<u>MM</u>		
3	Date of operation entered?	<u>MM</u>		
3	Date of operation on or before November 19, 1980?	<u>MM</u>		
Notif. record	Notifier?	<u>MM</u>		
"	Notified on or before August 18, 1980?	<u>MM</u>		
1	Form 1, XIII B signed?	<u>MM</u>		
3	Form 3, IX B Signed?	<u>MM</u>		

(If all ten items above are initialed in the Yes column, generate Interim Status Acknowledgement and indicate the trigger date here: _____)

PHASE TWO

1	Unsure if regulated or non-regulated?	<u>GT</u>
3	New facility?	<u>GT</u>
1 & 3	Core items missing? If Yes, indicate which items: Facility name____; location____; mail address____; operator info____; certification____; process info <u>X</u> ; waste info <u>X</u> ; owner____; sigs <u>X</u> .	

PHASE THREE

1 & 3	Non-core items missing? If Yes, indicate which items: Maps____; photos____; drawings____; lat/long____. Other observations and comments:
-------	--

Log out/Log in
on reverse side.

Received Date Stamp

80-11-13

(Stamp forms also)

FORM 1 GENERAL	U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION <i>Consolidated Permits Program</i> <i>(Read the "General Instructions" before starting.)</i>	I. EPA I.D. NUMBER <div style="border: 1px solid black; padding: 5px; font-family: monospace; font-size: 1.2em;"> ETXD9806241183D </div>
II. POLLUTANT CHARACTERISTICS		

III. FACILITY NAME

V. FACILITY MAILING ADDRESS

VI. FACILITY LOCATION

NAME: PRESS HARD WHEN FILLING IN NAME & ADDRESS.

Ploss Industries Inc

STREET ADDRESS: *P.O. Box 3130*
3515 1st Ave N.

TEXAS CITY, TEX 77590

CITY, STATE, & ZIP CODE:

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X			F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

1 SKIP *PLOSS INDUSTRIES, INC.*

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)	B. PHONE (area code & no.)
2 <i>PLOSS, JACK PRESIDENT</i>	

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX	B. CITY OR TOWN
3 <i>P.O. BOX 3130</i>	<i>TEXAS CITY</i>
	C. STATE <i>TX</i>
	D. ZIP CODE <i>77590</i>

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER	B. COUNTY NAME
5 <i>LINDA LANE</i>	<i>GALVESTON</i>
6 <i>ARCADIA</i>	C. CITY OR TOWN
	D. STATE <i>TX</i>
	E. ZIP CODE <i>77517</i>
	F. COUNTY CODE (if known)

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST				B. SECOND			
2	9	(specify) Crude oil reclamation		7	(specify)		
C. THIRD				D. FOURTH			
(specify)				(specify)			

VIII. OPERATOR INFORMATION

A. NAME												B. Is the name listed in Item VIII-A also the owner?					
PLOSS, GREG												<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)										D. PHONE (area code & no.)							
F = FEDERAL		M = PUBLIC (other than federal or state)		P = PRIVATE		O = OTHER (specify)		P		A		7 1 3		9 2 5		6 2 2 4	
E. STREET OR P.O. BOX																	
P.O. BOX 3130																	
F. CITY OR TOWN										G. STATE		H. ZIP CODE		IX. INDIAN LAND			
TEXAS CITY										TX		7 7 5 9 0		Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)									
N										P									
B. UIC (Underground Injection of Fluids)										E. OTHER (specify)									
U										TRC 3502									
C. RCRA (Hazardous Wastes)										E. OTHER (specify)									
R																			

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

F9: N/50

XII. NATURE OF BUSINESS (provide a brief description)

Reclaiming of crude oil from tank bottoms and various sources.

F9: A/51

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)		B. SIGNATURE		C. DATE SIGNED	
Jack Ploss, President		Jack Ploss		11/5/80	

COMMENTS FOR OFFICIAL USE ONLY

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FORM 3 **EPA** **U.S. ENVIRONMENTAL PROTECTION AGENCY**
HAZARDOUS WASTE PERMIT APPLICATION
Consolidated Permits Program
(This information is required under Section 3005 of RCRA.)

I. EPA I.D. NUMBER
FTX D980624118

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS
A	801113	

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility, or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

☒ **1. EXISTING FACILITY** (See instructions for definition of "existing" facility. Complete item below.)

C **YR.** **MO.** **DAY**
8 **7** **4** **0** **8** **0** **1**

B. REVISED APPLICATION (place an "X" below and complete Item I above)

☐ **1. FACILITY HAS INTERIM STATUS**

☐ **2. FACILITY HAS A RCRA PERMIT**

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. **AMOUNT** - Enter the amount.

2. **UNIT OF MEASURE** - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY
Disposal:					
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE
GALLONS	G	LITERS PER DAY	ACRE-FEET	A	
LITERS	L	TONS PER HOUR	HECTARE-METER	F	
CUBIC YARDS	Y	METRIC TONS PER HOUR	ACRES	B	
CUBIC METERS	C	GALLONS PER HOUR	HECTARES	Q	
GALLONS PER DAY	U	LITERS PER HOUR			

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)				1. AMOUNT	
		2. UNIT OF MEASURE (enter code)				2. UNIT OF MEASURE (enter code)	
X-1	S02	600		5			
X-2	T03	20		6			
1	S02	252,000.000		7			
2	T04	42,000.000		8			
3	T04	42,000.000		9			
4				10			

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE, INCLUDE DESIGN CAPACITY.

- I Crude oil tank bottoms are obtained from storage tanks in refining and field storage tanks and hauled to the Reclamation Plant.
- II Upon arrival, it is pumped through screens to remove debris and to storage. Up to 1000 barrels per day.
- III The emulsion is injected with emulsion breakers and pumped to the heater treater where it is heated and phase separated.
- IV Product comes off the top and gravity fed to product tanks where it is pumped to trucks and sold.
- V Water and B. S. & W, is gravity fed from the bottom on heater to storage tanks where it is disposed of off site independent disposal.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. **EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. **ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. **UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE **CODE**
 POUNDS P
 TONS T

METRIC UNIT OF MEASURE **CODE**
 KILOGRAMS K
 METRIC TONS M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. **PROCESS DESCRIPTION:** If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

Continued from page 2.

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA ID. NUMBER (enter from page 1)										FOR OFFICIAL USE ONLY									
W T K D 9 8 0 6 2 4 1 1 8 3 1										W DUP 2 DUP									
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)										D. PROCESSES									
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE				C. UNIT OF MEASURE (enter code)	1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))	
	23	24	25	26	27	28	29	30		31	32	33	34	35	36	37	38		39
1	K	0	4	9					T	794	D	7	9					off site Independent	
2	K	0	5	2					T	709	D	8	0					off site Independent	
3																			
4																			
5																			
6																			
7																			
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26																			

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)**E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.**

After recovering marketable oil from tank bottoms, the water and mud waste is then hauled by truck to an independent disposal company i.e. Rollins Environmental.

EPA I.D. NO. (enter from page 1)																
5	4	3	2	1	0	9	8	0	6	2	4	1	1	8	3	6

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)										LONGITUDE (degrees, minutes, & seconds)									
2	9	5	0	8	3	0	0	0	0	9	9	5	2	1	3	0	0	0	0
65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84

VIII. FACILITY OWNER

☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER															2. PHONE NO. (area code & no.)									
E Ploss Industries, Inc.															7 1 3 9 4 8 3 5 9 1									
3. STREET OR P.O. BOX															4. CITY OR TOWN									
F P. O. Box 3130															G Texas City									
5. ST.															6. ZIP CODE									
TX															7 7 5 9 0									

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
JACK PLOSS	Jack Ploss	11/5/80

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
JACK PLOSS	Jack Ploss	4/21/81